

## **R E M A R K S**

Careful review and examination of the subject application are noted and appreciated.

### **SUPPORT FOR CLAIM AMENDMENTS**

Support for the amendments to claim 1, 46 and 90 may be found in Paragraphs 27, 31 and 35 of the specification and claims 37 and 81 as filed. Support for new claim 91 and 95 may be found in Paragraph 48 of the specification. Support for new claims 92-94 and 96-98 may be found in Paragraph 49 of the specification. No new matter has been added.

### **CLAIM REJECTIONS UNDER 35 U.S.C. §103**

The rejection of claims 1-29 and 31-90 under 35 U.S.C. §103 as being unpatentable over Fu (U.S. Patent No. 4,803,625) in view of Lee (U.S. Patent No. 4,838,275) has been obviated by amendment and should be withdrawn.

The rejection of claims 30 and 47-89 under 35 U.S.C. §103 as being unpatentable over Fu in view of Lee in further view of Bro (U.S. Patent No. 5,377,258) has been obviated by amendment and should be withdrawn.

Fu teaches a personal health monitor (Title). Lee teaches a home medical surveillance system (Title). Bro teaches a

method and apparatus for an automated and interactive behavioral guidance system (Title).

In contrast, claim 1 of the present invention provides a networked health-monitoring system comprising a plurality of remote patient sites, a data management unit, a memory and stored program instructions, and at least one central server. The plurality of remote patient sites each includes at least one display configured to be temporarily affixed to a patient and to operate in a monitoring mode. The data management unit may be configured to facilitate collection of patient health-related data. The system may include memory and stored program instructions for generating health-monitoring related information on the display. The central server may be connectable for communication with the data management unit at the remote patient sites to receive patient health-related data collected at the remote patient sites. The central server may be configured to analyze the patient health-related data. The central server may also be configured to process the patient health-related data. The central server may also be configured to produce reports, including standardized reports, from the patient health-related data. The central server may also be configured to transmit the reports to a designated health care professional. Claims 46 and 90 have similar limitations. The references, alone or in combination, do not teach each of the claim limitations.

In particular, claim 1 indicates that there is a central server that receives remotely collected patient health-related data. Fu is silent concerning such a central server, as noted on page 2 of the current Office Action. Lee does not cure the deficiencies of Fu. The citations to FIG. 1 of Lee, as well as the citations to the text of Lee, are unclear which elements are intended to read on the claimed central server. Lee appears to disclose a surveillance system including a control office where data is received. Lee appears silent regarding a central server, as presently claimed. Applicant's representative has downloaded an electronic copy of Lee and performed a word search of the word "server". Lee does not use the word server. Even if the control office of Lee is considered the central server (for which Applicant's representative does not necessarily agree), Lee does not have a central server with the limitations of the present claims.

In particular, claim 1 specifies that the central server analyzes and processes the collected patient health-related data. Neither Lee nor Fu provide such analyzing and/or processing. At best, Lee provides a number of displays 50, 115, 116, etc. An observer 110 monitors the displays of Lee. Lee even goes so far as to say that "much of the information obtained in the system is not amenable to computerized analysis. The observer is essential for the interpretation of this data" (see Col. 12, lines 54-56 of Lee).

Therefore, Lee appears to teach away from the claimed central server configured to analyze and process patent health-related data.

Claim 1 also provides that the central server transmits the reports containing the analyzed and processed patient health-related data to a designated health care professional. As discussed, Fu is silent concerning a central server. It follows that Fu is silent concerning any analysis or processing of collected patient health-related data. Furthermore, Fu specifically states that collected data is transmitted for analysis by trained medical personnel. Lee does not cure the deficiencies of Fu. As discussed, Lee does not provide any analyzing, and therefore cannot provide any reports. Therefore, the references, alone or in combination, do not teach or suggest each of the limitations of claim 1. Claims 46 and 90 include similar limitations. Therefore, claims 1, 46 and 90 are fully patentable and the rejection should be withdrawn.

Claims 2-45 and 47-89 depend, directly or indirectly, from the independent claims, which are now believed to be allowable.

#### **COMPLETENESS OF THE OFFICE ACTION**

The Office Action does not meet the Office's requirement of completeness and clarity for Examiner's Actions (see MPEP

§707.07 and 37 CFR 1.104(b)). The Office Action is unclear on where the claimed central server is in the references. Therefore, the Office Action is not complete and clear as required by MPEP §707.07 and 37 CFR 1.104(b). As such, should an action other than allowance be deemed appropriate, such action should (i) withdraw the finality of the instant Office Action and (ii) properly address ALL of the pending claims along with the arguments presented herein.

As such, the presently claimed invention is fully patentable over the cited references and the rejection should be withdrawn.

Accordingly, the present application is in condition for allowance. Early and favorable action by the Examiner is respectfully solicited.

The Examiner is respectfully invited to call the Applicant's representative at 586-498-0670 should it be deemed beneficial to further advance prosecution of the application.

If any additional fees are due, please charge Deposit  
Account No. 50-0541.

Respectfully submitted,  
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c/o Sandeep Jaggi  
Health Hero Network

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